

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213520370</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>World Financial Group, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F1471913</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11315 JOHNS CREEK PKWY</p> <p style="text-align: center;">CITY/ST/ZIP: JOHNS CREEK, GA 30097</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOE DIPAOLO  TITLE: PRESIDENT/CEO  ADDRESS: 11315 JOHNS CREEK PARKWAY  CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOE DIPAOLO TITLE: PRESIDENT/CEO ADDRESS: 11315 JOHNS CREEK PARKWAY CITY/ST/ZIP/CO: JOHNS CREEK, GA 30097	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RICHARD WILLIAMS  TITLE: VICE PRESIDENT  ADDRESS: 5000 YONGE STREET, SUITE 800  CITY/ST/ZIP/CO: TORONTO, ON M2N 3E9, CA </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD WILLIAMS TITLE: VICE PRESIDENT ADDRESS: 5000 YONGE STREET, SUITE 800 CITY/ST/ZIP/CO: TORONTO, ON M2N 3E9, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ALLAN J HAMILTON TITLE: CFO/T ADDRESS: 570 CARILLON PKWY CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SCOTT W. HAM  TITLE: ASST SECRETARY  ADDRESS: 4333 EDGEWOOD ROAD NE  CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOTT W. HAM TITLE: ASST SECRETARY ADDRESS: 4333 EDGEWOOD ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT W. HAM TITLE: ASST SECRETARY ADDRESS: 4333 EDGEWOOD ROAD NE CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52499	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	SAUNDRA ARCHULETA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	11315 JOHNS CREEK PKWY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	JOHN W. JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, VA		
NAME:	JAMES MARTIN FLEWELLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1150 S. Olive St		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90015		
NAME:	SETH MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	570 CARILLON PARKWAY		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33716		
NAME:	JOHN JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	ROBERT G BRUNTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	CARYL P SHEPHERD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	KENT H DAVIES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	PAUL MINECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	DINA S VENERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		
NAME:	DWIGHT WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11315 JOHNS CREEK PARKWAY		
CITY/ST/ZIP/CO:	JOHNS CREEK, GA 30097		

NAME:	AMY ANGLE	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2 Lakeside Farm Court		
CITY/ST/ZIP/CO:	Glen Arm, MD 21057		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SAUNDRA ARCHULETA	SAUNDRA ARCHULETA, ASST	4/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			